



Hospital Inpatient Quality Reporting (IQR) Program Support Contractor

Hospital IQR Program Requirements for CY 2019 Reporting (FY 2021 Payment Determination)

Questions and Answers

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The following document provides actual questions from audience participants. Webinar attendees submitted the following questions and subject-matter experts provided the responses during the live webinar. The questions and answers have been edited for grammar.

Question 1: In regard to the healthcare-associated infection (HAI) measures, does the Centers for Medicare & Medicaid Services (CMS) plan on removing them in the future?

Yes, the HAI measures will be removed from the Hospital Inpatient Quality Reporting (IQR) Program with fiscal year (FY) 2022, which is beginning with January 1, 2020 HAI data. However, please note that you will continue to submit the HAI measures as the measures will remain in the Hospital-Acquired Condition (HAC) Reduction Program, as well as continue to be used in the Hospital Value-Based Purchasing (VBP) Program. So, just because they go away from IQR does not mean that they are being removed completely. You will still be required to submit those measures for the HAC Reduction and Hospital VBP Programs.

Question 2: Slide 18: What are the criteria for the chart-abstracted targeted provider sample?

You can find that information in the FY 2014 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital Prospective Payment System (LTCH PPS) Final Rule, 78 FR 50833 through 50834. If you have additional questions about the targeted or the random sample selection, that information can be found on [QualityNet](#). It is also recommended that you review the chart-abstracted validation webinars, for targeted and random validation, available on the [QualityReportingCenter.com](#) website. There was a webinar in February of this year that went over the random selection and steps for validation. Additionally, there will be a targeted validation webinar coming up in May or early June. If you have specific questions, you can always contact the Validation Support Contractor with your questions at validation@hcqis.org.

Question 3: Where do we enter the healthcare personnel (HCP) influenza vaccination coverage measure information? Is this information entered in *QualityNet*?

No, the HCP data are not entered directly into *QualityNet*. The HCP influenza vaccination measure data are entered into the National Healthcare Safety Network (NHSN) at the Centers for Disease Control and Prevention (CDC).



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The CDC will supply CMS with the data that have been entered in NHSN immediately following the submission deadline.

Question 4: **Slide 38: We currently report electronic clinical quality measure (eCQM) data on all six of the stroke measures. Are we required to report any of the other measures?**

For calendar year (CY) 2019 reporting, hospitals are required to successfully report on at least four eCQMs from one quarter of discharge data. In terms of the measures that are reported, CMS asks that you report data using a 2015 edition certified electronic health record (EHR) on whichever measures are represented by your hospital's population. If you find that reporting on six stroke measures best represents your population when submitting Quality Reporting Document Architecture (QRDA) Category I files for your patients, then that is sufficient. You want to make sure the patients you are reporting on reflect the measures that represent their care.

Question 5: **For a hospital that is changing their electronic health record (EHR) system in late November 2019, is it possible to submit eCQM data from November and December for quarter (Q) four even though it does not represent the full quarter?**

CMS encourages you to report any data that you have, even during an EHR transition. If your files are not fully representative of the entire patient population for that quarter, we encourage you to submit an extraordinary circumstance exception (ECE) application. This information, including the ECE request form, is available on the QualityNet.org website.

Question 6: **When will the Pre-Submission Validation Application (PSVA) tool be updated for CY 2019 reporting?**

Updates regarding the availability of the PSVA tool and the CMS data receiving system for CY 2019 reporting will be communicated by CMS through a variety of methods, which include ListServes, newsletters and webinars.

CMS regularly communicates Hospital IQR Program information to participants and stakeholders via email using contacts in the *QualityNet* ListServe database. To receive these important emails, you must sign up for the CMS ListServes on the *QualityNet* website:



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- Go to www.QualityNet.org
- On the left side of the Home page, locate the blue box with Join ListServes as a header.
- Click on Notifications and Discussions.
- The ListServe Registration web page will display.
- From here, you can choose to receive ListServes about multiple programs. For notifications related to inpatient quality reporting, select the following:
 - Hospital IQR (Inpatient Quality Reporting) and Improvement
 - Hospital Inpatient Value-Based Purchasing (HVBP) and Improvement
 - Hospital Reporting EHR (Electronic Health Record)
 - HDC (Hospital Data Collection)/Public Reporting

Question 7: Where do I go to see if my hospital was selected for the eCQM validation?

The list of hospitals selected for validation of CY 2018 eCQM data for the FY 2021 payment determination is anticipated to be released in the next couple of months. CMS directly notifies hospitals of their selection via an email notification from the Validation Support Contractor. Additionally, CMS posts a news article on the *QualityNet* website, and releases a ListServe to notify the community that the selection has occurred. Once updated, the list will be found on www.QualityNet.org by hovering over the **Hospital - Inpatient** drop-down, selecting the **[Data Validation (Chart-Abstracted & eCQMs)]** link, and selecting the **[eCQM Data Validation]** program. The list will be located on the upper-right side of the screen within a box titled, "Hospitals Selected for Inpatient eCQM Data Validation."

Question 8: Is there an issue if the population and sampling counts are one or two patients off from the total inpatient admissions?

No. When you enter your population and sampling, it is the counts to the best of your knowledge at that time. So, if you had determined your population count was 25 at the time of the submission deadline and you entered that, that was the count to the best of your knowledge. If it later turned out to be 26, there will be no repercussions due to that.

Question 9: For eCQM reporting, does a hospital have to submit 100 percent of the patients that were included in a hospital's self-selected quarter or just submit a sample?



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The reporting of eCQM data is to be representative of the hospital's total patient population for the quarter selected. Sampling is not an option for eCQM reporting. Hospitals are required to submit one QRDA Category I file per patient per quarter and include all episodes of care for measures associated with that patient file. CMS has defined a successful submission as reporting any combination of QRDA Category I files with patients meeting the initial patient population of the applicable measure(s), zero denominator declarations, and/or case threshold exemptions.

Question 10: Has the immunization (IMM) measure been removed for reporting?

For the Hospital IQR Program, the influenza immunization measure (IMM-2) was removed beginning with the first quarter of 2019, which would begin with January 1, 2019 discharges. The last time you would have been able to abstract and submit an IMM-2 case would have been December 31, 2018.

Question 11: If you do not have an emergency department (ED) and less than five patients with sepsis, are you required to do any of the chart-abstracted measures?

If all you had was five sepsis cases, the five-and-fewer rule would apply. You would not be required to submit the patient-level data for the sepsis measure. Please remember that, if you have no ED, you will want to make sure you fill out the [IPPS Measure Exception Form](#) for ED on *QualityNet*. If you don't have an ED and you don't have any patients, you still must submit the form. If you fail to, then you would be required to submit cases for the ED measure since it falls under the global population.

Subject-matter experts researched and answered the following questions after the live webinar. The questions may have been edited for grammar.

Question 12: For five or fewer discharges, is this for the measure itself or for all discharges?

For eCQM reporting, if a hospital has five or fewer discharges, as defined by the measure's denominator population during a reporting quarter, they have the option to submit QRDA Category I files for those individual cases or manually enter a case threshold exemption on the denominator declaration screen within the *QualityNet Secure Portal*. Both options require hospitals to use an EHR certified to report the selected measure(s).

For the chart-abstracted measures, the five-or-fewer rule applies to the measure set. Hospitals whose Global Initial Patient Population is five or fewer are not required to submit the patient-level data for the ED-2 measure.



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Hospitals with a Sepsis Initial Patient Population of five or fewer are not required to submit patient-level data for the SEP-1 measure.

Question 13: For eCQM validation, when will the list of selected hospitals be published for the FY 2021 payment determination (CY 2018 eCQM data)? The slides on *QualityNet* just list to be determined (TBD).

The list of hospitals selected for validation of CY 2018 eCQM data for the FY 2021 payment determination is anticipated to be released in the next couple of months. CMS directly notifies hospitals of their selection via an email notification from the Validation Support Contractor. Additionally, CMS posts a news article on the *QualityNet* website and releases a ListServe to notify the community that the selection has occurred. Once updated, the list will be found on www.QualityNet.org by hovering over the **Hospital - Inpatient** drop-down, selecting the **[Data Validation (Chart-Abstracted & eCQMs)]** link, and selecting the **[eCQM Data Validation]** program. The list will be located on the upper-right side of the screen within a box, titled “Hospitals Selected for Inpatient eCQM Data Validation.”

Question 14: Has the chart-abstracted targeted validation list for CY 2019 come out yet?

FY 2021 targeted hospitals for validation should be selected sometime around May 2019. FY 2021 validation will include Q3 2018, Q4 2018, Q1 2019, and Q2 2019 discharges. Hospitals selected for targeted validation will be notified once the selection has occurred.

Question 15: Regarding the Perinatal (PC)-01 web-based measure, The Joint Commission measure specifications imply that a chart review is required given the data sources. How are other hospitals collecting information for PC-01 without doing a chart review for each case?

For CMS, the PC-01 measure is considered a chart-abstracted measure, meaning that you are required to do a chart review for each applicable case. However, only the aggregate data, from the individual chart reviews, are submitted to CMS.

Question 16: Is there a penalty if the flu summary is low compliance?



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There is no penalty for low compliance for either of the flu related measures. The influenza immunization measure (IMM-2) has been removed from the Hospital IQR Program for CY 2019 reporting (FY 2021 payment determination). The requirement for the Influenza Vaccination Coverage Among Healthcare Personnel (HCP) measure is that the data must be reported. The measure is not included in the Hospital Value-Based Purchasing Program.

Question 17: **Is there a plan to make CMS’ measure calculation more transparent so that measure developers can verify that our application is providing our clients with accurate measure calculations prior to submission?**

There are several resources posted on the [eCQI Resource Center](#) which provide greater transparency for hospitals and measure developers with regard to measure rationale and the logic behind measure calculations. In addition to obtaining the [eCQM Specifications for Hospital Quality Reporting](#), supporting documentation includes a [Guide for Reading eCQMs](#), an [eCQM Logic and Implementation Guidance v2.0](#) document, and [eCQM Flows](#).

In addition to the availability of supporting documentation, Bonnie is a software tool that allows eCQM developers to test and verify the behavior of their eCQM logic. The main goal of the Bonnie application is to reduce the number of defects in eCQMs by providing a robust and automated testing framework. The Bonnie application allows measure developers to independently load measures that they have constructed using the Measure Authoring Tool. Bonnie offers a *Measure Results View* where the user can review measure logic and the calculation results. Visit the [eCQI Resource Center](#) to learn more about the Bonnie tool.

For the chart-abstracted measures, the measure algorithms—used to calculate the measure—are available within the *Specifications Manual for National Hospital Inpatient Quality Measures* located on [QualityNet](#).

Question 18: **Since hospital-wide readmission is claims-based, does it include all-payer or is that Medicare-only payer?**

The hospital-wide readmission measure includes only those patients enrolled in Medicare Fee-For-Service Part A.



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Question 19: Slide 19 and 20: If we were not randomly selected for FY 2021 validation and we passed FY 2020 with a confidence interval (CI) greater than 75 percent, can we still be targeted for FY 2021 validation?

CMS will select targeted hospitals for FY 2021 validation based on the process outlined in the FY 2014 IPPS/LTHC PPS Final Rule (78 FR 50833 through 50834). The targeting criteria, as outlined in the rule with appropriately relevant dates, are summarized as:

- Failure to meet validation requirements in FY 2020;
- Lower bound CI less than or equal to 75 percent in FY 2020;
- Failure to report at least half of the HAI events detected during FY 2020 to NHSN;
- Rapidly changing data patterns;
- Abnormal or conflicting data patterns;
- Submission of data to NHSN after the Hospital IQR submission deadline; and/or
- Not having been validated in the previous three years.

Therefore, although a hospital may have passed the FY 2020 validation CI upper bound requirement and may be above the threshold for the lower bound criterion, it may *still* be possible to be selected as a targeted hospital for one or more of the other applicable criteria.

Question 20: Slide 47: Please provide more information about state Medicaid programs and reporting of eCQMs for the Promoting Interoperability Program. I have never heard about state involvement before.

All states and territories offer the Medicaid Promoting Interoperability Program (formerly the EHR Incentive Program) voluntarily and determine program milestones, such as attestation timelines and reporting periods. For additional information on the Medicaid Promoting Interoperability Program, visit the [CMS.gov](https://www.cms.gov) Promoting Interoperability Programs [Medicaid State Information](#) page for details.

Question 21: Slide 44: To clarify, the successful submission of four eCQMs from one quarter of discharge data will meet the eCQM reporting requirement for the Promoting Interoperability Program?

Correct. Hospitals participating in the Promoting Interoperability Program are required to report on at least four available eCQMs from one quarter of data



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by the eCQM submission deadline. Meeting this requirement for the Promoting Interoperability Program also satisfies the eCQM reporting requirement for the Hospital IQR Program. Note the ED-3 measure is an outpatient measure and will not meet program credit for the Hospital IQR Program. The successful submission of eCQMs does not meet the complete program requirements for the Hospital IQR or Promoting Interoperability Program. For questions regarding program requirements for the Hospital IQR Program, please contact the Hospital IQR Program Support Contractor at (844) 472-4477 or <http://cms-ip.custhelp.com>. For questions regarding program requirements for the Promoting Interoperability Program, please contact the *QualityNet* Help Desk at (866) 288-8912 or qnetsupport@hcqis.org.

Question 22: We don't submit the case level for PC-01. How does CMS select the PC-01 cases for validation?

As described in the FY 2015 IPPS/LTCH PPS Final Rule (79 FR 50266), all chart-abstracted measure topic areas included in the Hospital IQR Program, except for the Perinatal Care topic area, are automatically included in the validation process. This topic area is not included because the Elective Delivery PC-01 (National Quality Forum #0469) measure is reported in aggregate form, which is not consistent with the rest of the patient-level validation process.

Question 23: We have only reported the IMM-2 measure in the past years. Do we need to report population and sampling now that we will no longer report IMM?

The IMM-2 measure was included under the Global Initial Patient Population. For CMS, the global population encompassed both the IMM and the ED measures. As ED-2 is still required by CMS for CY 2019, you will need to continue to submit your global population and sample sizes.

Question 24: What report do we run to see if the HCP flu vaccine data have been submitted?

To verify that your HCP data have been submitted to CMS from the National Healthcare Safety Network, you can run the quarterly Provider Participation Report (PPR) and/or the Facility, State, and National (FSN) Report. The PPR will display Yes if the data have been submitted and will also display the last



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update that CMS received from NHSN. The FSN goes into more detail. This report will display the different groups that are monitored, how many are vaccinated onsite, how many were vaccinated elsewhere, how many had a contraindication to the vaccine, how many declined the vaccine, the personnel population, and the adherence percentage.

Question 25: Why is eCQM validation for FY 2021 payment determination based on the timely and successful submission of charts and not based on the accuracy of submitted eCQM data?

CMS acknowledges the considerable level of effort involved in responding to the validation requirements and appreciates hospitals' participation. CMS anticipated there may be wide variation in EHR design, documentation practices, and methods for extracting eCQM data across hospitals. The CMS Clinical Data Abstraction Center (CDAC) will abstract from the complete medical record submitted by the hospital. Data abstraction is based on the eCQM specifications. The abstracted results will be compared to the data in each QRDA I file and analyzed to assess the alignment with measure criteria. The complete medical record submitted by the hospital must contain sufficient information for CDAC to determine measure eligibility and outcome, similar to the process for chart-abstracted measure reporting. For FY 2021 payment determination, the accuracy of eCQM data and the validation of measure reporting will not affect payment. Hospitals will pass or fail validation based on the timely and complete submission of at least 75 percent of the records CMS requested. CMS will inform the community via rulemaking when the validation process begins scoring the accuracy of eCQM data being submitted.

Question 26: With HAI being removed from IQR in the future, will validation be based solely on chart abstracted measures?

For proposed refinements to the validation targeting methodology and clarifications regarding the validation process when HAI validation moves from IQR to the Hospital-Acquired Condition Reduction Program, please refer to the FY 2020 IPPS/LTCH PPS proposed rule, 84 FR 19443 through 19445.